

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

JAN 29 2010

ORS
T,T,W,W/W

Asha Luxury Limousine

(Please type or print)

Submitted by: Mehul Patel

Telephone:

704-287-0662

Address:

1517 Deer Forest Dr

Fax:

704-707-3734

Fort Mill, SC, 29707

Other:

FAX

704-752-6679

Email:

Mpatel25@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

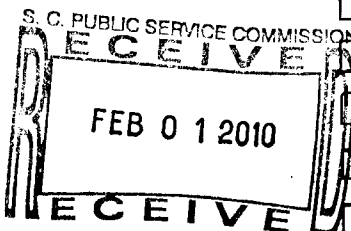
☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____



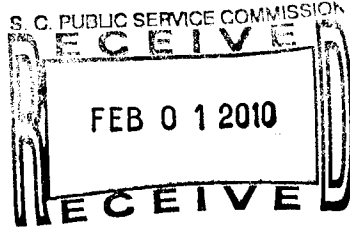
If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Ad

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER



Date: 1-13-10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Asha Luxury Limousine, LLC.

1517 Deer Forest Dr

Street Address of Applicant

Fort Mill, SC, 29707

Mailing Address of Applicant if different from street address

704-287-0662

Phone

704-707-3734

Fax

Mpatel25@aol.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Mehul Patel 1517 Deer Forest Fort Mill, SC, 29707

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ASHA LUXURY LIMOUSINE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 11th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 11th day of January,
2010

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Jan 11 2010

Mark Hammond

SECRETARY OF STATE OF SOUTH CAROLINA

100111-0180

Filed: 1/11/2010

ASHA LUXURY LIMOUSINE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is ASHA LUXURY LIMOUSINE, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
1517 DEER FOREST DR

Street Address

FORT MILL SC

City

297077771

Zip Code

3. The initial agent for service of process of the Limited Liability Company is
MEHUL PATEL

Name

Electronically filed on SCBOS.
Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

1517 DEER FOREST DR

Street Address

FORT MILL SC

City

297077771

Zip Code

4. The name and address of each organizer is

- a) MEHUL PATEL
- Name
- 1517 DEER FOREST DR
- Street
- FORT MILL SC US 297077771
- City State Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.
- a) MEHUL PATEL
Name
1517 DEER FOREST DR
Street
FORT MILL SC US 297077771
City State Zip Code
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
Electronically filed on SCBOS. Date 2010-01-11
Refer to attached signature page.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2010

Assets:

Cash	5,000
Receivables	-
Real Estate	-
Buildings and Equipment (Net)	2,500
Motor Vehicles (Net)	21,000
Garage Equipment (Net)	250
Machinery and Tools (Net)	1,000
Supplies on Hand	500
Prepays and Other Assets	-
Total Assets	30,250
<u>Liabilities and Equity:</u>	
Accounts Payable	-
Notes Payable	-
Mortgages Payable	-
Equipment Obligations	1,000 per month
Accrued Salaries and Wages	-
Other Accrued Obligations	-
Other Liabilities	-
Total Liabilities	1,000 per month
Capital Stock	-
Retained Earnings	-
Total Equity	0
Total Liabilities and Equity	2,000 per month

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

see attached fee schedule

Counties to be Served:

state-wide

Maximum Number of Passengers per Vehicle: ① "03" Lincoln Town Car = 8

② "02" Lexus LS 430 = 4

ASHA LUXURY LIMOUSINE

1517 Deer Forest Dr

Fort Mill, SC, 29707

(704) 287-0662

RATES & SERVICES EFFECTIVE AS OF 01/15/09

8 PASSENGER STRECH LIMOUSINE

RATE PER HOUR – min 1 hour	160.00
RATE PER HOUR- 4 hour min	130.00
RATE PER HOUR-6 hour min	110.00
RATE PER HOUR-8 hour min	100.00
Additional hours after first 4	105.00

PRICES NOT INCLUDING 20% GRATUITY

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following information must be furnished:

Alma L. Lundy, Executive, LLC

Name of Motor Carrier

1517 Deer Forest Drive, Fort Mill, S.C. 29715

Address of Motor Carrier

Amount of Premium

Limits Quoted (See Below)

Liability Insurance

2,600

Amount

1.5 mil

The above quoted premium is for a term of

12

months

Minimum Limits - In State Only

Passenger

\$250,000/\$500,000/\$250,000

Freight

\$250,000/\$500,000/\$250,000

Compania P. Directa and Casualty Group

Name of Insurance Company

P.O. Box 100145, Charlotte, N.C. 28210-0145

Home Office Address of Company

I am familiar with the Commission Rules and Regulations relating to insurance requirements and the above quoted limits of minimum insurance limits prescribed. The insurance company and financials quoted as authorized by the South Carolina Department of Insurance in South Carolina.

1/12/2010

Date

[Signature]

Authorized Insurance Company Representative's Signature

The insurance quote must be complete listing current insurance premiums. At the discretion of the Commission, copies of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

(See attached)

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

[About MCInfo](#) | [Contact/Support](#) | [Rules/Regulations](#) | [User Manual](#)**Motor Carrier Information Exchange**
National Online[Create Filing](#)[Search Filings](#)[Search Motor
Carrier](#)[Reports](#)[My Profile](#)[L](#)

Total Filings Found: 1

Page 1 of 1

[]

Search Results

#	Carrier Info	Filing Details	Certificate	Status
1000338	Name ASHA LUXURY LIMOUSINE LLC Address 1517 DEER FOREST DRIVE FORT MILL SC 29715 State MC ID USDOT FHWA	Form Form E Underlying 0.00 Liability 1,500,000.00 Reinstate NO Effective 01/15/2010 Submit 01/21/10	State South Carolina Policy CA 3605288 Insurer COMPANION PROPERTY & CASUALTY INSURANCE COMPANY	Status Paper Filing Last Action Date Effective Date 01/15/2010 Submit Date 01/21/10

Notes to State

Notes from State

Page 1 of 1

[]

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TRANSACTION REPORT

JAN-21-2010 THU 03:24 PM

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	MP	DP
JAN-21	03:24 PM	98962888	22"	2	SEND	OK	051	

TOTAL : 225 PAGES: 2

P&C MOTOR CARRIER INSURANCE AND FILING - INTRASTATE - SC

Page 1 of 6

**P&C MOTOR CARRIER INSURANCE AND FILING -
INTRASTATE - SC
SOUTH CAROLINA
MCISC**

DOCUMENT NUMBER: SCMCI
VERSION NUMBER: 15.001 (NON-SUBSTANTIVE CHANGE)
PUBLICATION DATE: 01/11/2007 4:09:51 PM

DOCUMENT NUMBER: SCMCI
VERSION NUMBER: 15 (ORIGINAL)
PUBLICATION DATE: 01/05/2007 10:57 AM

**For Passenger Carriers, Household Goods Carriers and Carriers of
Hazardous Waste for Disposal:**

Office of Regulatory Staff

PO Box 11263

Columbia, SC 29211

PHONE: (803)737-0800

Overnight Mail-

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
12157

COMPANY
Companion Property & Casualty

☒ COMMERCIAL ☐ PERSONAL

POLICY NUMBER
AUTOBINDER28363836 (CL)
YEAR 2003 MAKE/MODEL Lincoln Town car

EFFECTIVE DATE 01/15/10 EXPIRATION DATE 01/15/11

VEHICLE IDENTIFICATION NUMBER
1L1FMB1W83Y673863

AGENCY/COMPANY ISSUING CARD
Kieley, Hines Assoc. Inc.
Philip T. Brun
P O Box 7669
Louisville, KY 40257-0669

INSURED
Asha Luxury Limousine, LLC
Mahul Patel
1517 Deer Forest Drive
Fort Mill, SC 29715

Coverage Meets SC Minimum Financial Responsibility Requirements
SEE IMPORTANT NOTICE ON REVERSE SIDE

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY

☐ COMMERCIAL ☐ PERSONAL

POLICY NUMBER

EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

INSURED

Coverage Meets SC Minimum Financial Responsibility Requirements
SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 SC (2007/01)

© ACORD CORPORATION 2007. All rights reserved.

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 SC (2007/01)

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Exhibit FWA

Asha Luxury Limousine, LLC
Name of Applicant

Mehul Patel

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

N/A

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF)

Lancaster

Applicant's Signature

I, _____

N/A Mehul Patel

Name of Applicant's Representative

Owner

Title

of _____

Asha Luxury Limousine, LLC

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

N/A Mehul Patel
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 26 day of JANUARY, 2010Shirley Kacher

Notary Public

Commission Expires 9/18/2019